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AUTHOR	Hirshoren, Alfred; And Others
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ABSTRACT

The survey examined the current status of special education programing for emotionally disturbed children as required, permitted, and/or prohibited by laws or regulations in each state, and as seen by the state directors of special education or their specialists in this area. These officials in each state completed questionnaires concerned with such parameters as definitions and terminology, prevalence, services available, caseload and class size, diagnosis and placement, administrative organization, and success of programs based on numbers of children returned to regular classes. Following a review of related research since 1960, the data, tabulated by region as well as for the entire country, are presented. Findings reveal that six different terms are used to classify emotionally disturbed children. Prevalence estimates varied from .05% to 15%; most states used an estimate of 2% for educational planning. Most often mentioned educational procedures were special classes, resource rooms, and homebound instruction, in that order. Model class size was 10 students, with the age range in the special class often limited to 3-5 years. Standards for case loads varied considerably. Estimates of children returned to regular classes ranged from 5% to over 90%. The key issue appeared to be that of definition. (KW)

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A SURVEY OF PUBLIC SCHOOL SPECIAL EDUCATION PROGRAMS FOR EMOTIONALLY DISTURBED CHILDREN

Alfred Hirshoren, Ed.D.
Coordinator of Special Education
Illinois Department of Mental Health
Adler Zone Center

Edward W. Schultz, Ph.D.
Assistant Professor of Special Education
University of Illinois at Urbana-Champaign

Anne B. Manton, M.A.
Research Assistant
Department of Special Education
University of Illinois at Urbana-Champaign

Robert A. Henderson, Ed.D.
Professor of Special Education
University of Illinois at Urbana-Champaign

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University of Illinois at Urbana-Champaign

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Chapter I

Introduction

Educational programs for emotionally disturbed and socially maladjusted children have been available in a few public school systems, primarily in the larger cities, for well over 50 years (Haring and Phillips, 1962). Nevertheless, it has been only during the past few years, primarily as the result of federal funds from the Office of Education, that such programs have been developed in smaller school districts. In 1948 there were a total of 90 public school districts throughout the nation operating special education programs for approximately 15,300 children who had been characterized as being emotionally disturbed and/or socially maladjusted (Mackie, 1969). With so relatively few programs at that time, there was little apparent need to survey the existing programs, to look at staffing patterns, types of services offered, terms used, etc. The situation in 1966, the last year for which adequate statistics are available, indicates that approximately 875 public school systems provided special education programs of some type for about 32,000 emotionally disturbed and socially maladjusted children (Mackie, 1969). This indicates an increase of over 900% in 18 years in the number of school districts providing services. The increase in the number of children served is 100%. Today, in 1970, it is not unlikely that the number of children enrolled in such programs is closer to 100,000. This figure does not include the more than 65,000 children under the age of 18 who are receiving treatment in public and private residential institutions. The needs of the former group of children, however, are far from being met. According to a recent report from the National Institute of Mental Health (Rosen and others, 1968),

> Various surveys conducted through school systems provide us with some estimates of how many children may really need mental health care. Several of these surveys indicated that approximately 2 to 3 percent of the children were in need of psychiatric care and an additional 7 percent in need of some help for emotional problems. Other estimates have ranged from 7 to 12 percent. (p. 50)

Using the conservative prevalence estimate of 2% results in the estimate of approximately 1,200,000 emotionally disturbed and socially maladjusted children between the ages of 5 and 19 who could probably benefit from some type of special educational program.

Obviously, the growth of these special programs has been relatively late and, until recently, slow. This is partly the result of the lack of a clear definition of the problem. Kanner (1962) noted that

> ...it is impossible to find anywhere a definition of the term 'emotionally disturbed children' which had somehow crept into the literature some 30 years ago and has since then been used widely, sometimes as a generality with no terminologic boundaries whatever and sometimes with reference to certain psychotic and near-psychotic conditions. (p. 101)

Kirk (1967) also noted that there was no set pattern of organization or teaching for emotionally disturbed children.

The authors feel that there are now trends evolving in the organizational matrix of special education for emotionally disturbed and socially maladjusted children. The purpose of this survey is to examine these trends and the current status of special education programming for emotionally disturbed and socially maladjusted children as required, permitted, and/or prohibited by the laws, statutes, or rules and regulations in each of the 50 states and the District of Columbia. This survey is concerned with such parameters as definitions and terminology, prevalence figures and their derivation, patterns of service, caseload and class size, diagnosis and placement, and success of the programs.

Chapter II

Review of Research Since 1960

A comprehensive search of the recent literature on American public school programs for emotionally disturbed children reveals a relatively small body of research. Since teachers, methods and screening instruments were not a part of this survey's questionnaire, studies dealing with these subjects have been omitted, as were studies which dealt with delinquency, learning disabilities, brain damage, and school phobia. All other available data published since 1960 have been included. The discussion covers: 1) definition of emotional disturbance, 2) prevalence data, 3) surveys of available services, 4) effects of special programs, 5) standards, 6) diagnosis, placement, and discharge procedures, 7) exclusion from school, and 8) administrative organization.

Definition of Emotional Disturbance

Engle (1964) found that legal definitions of emotional disturbance used by the various states were either overinclusive, circular, or referred the definition to experts. A survey by Stephens, Braun, and Mazzoli (1968) indicated that at the state level there was no uniformity in describing emotionally disturbed children. Six labels were commonly used: emotionally disturbed, emotionally maladjusted, socially maladjusted, emotionally handicapped, extreme learning problems, and socially and emotionally maladjusted.

A typically circular definition was given by Adamson (1968). For his survey of the current status of public school programs, he defined an emotionally disturbed or socially maladjusted child as "one who deviated enough from the norm to require special placement" (p. 756). He found half the states used the term emotionally disturbed. The others used various terms.

Cohen (1969) located operational definitions in the periodical literature between 1964 and 1967. She found two common meanings for the term emotional disturbance. The first concerned behavior described as hyperactive, aggressive, delinquent, hostile, and negative. The second, nonresponsive, withdrawn, autistic, and isolating.

Most of the studies included in this discussion give definitions or describe the characteristics of emotionally disturbed children. It is possible to categorize these definitions and descriptions into three areas: achievement, behavior, and adjustment.

Achievement

When examined for academic achievement, emotionally disturbed children were found to be behind their normal peers, often more than a year (Bower, 1961, 1962; Cowen and others, 1963, 1966; Glavin and others, 1970; Haring and Phillips, 1962; Harth, 1966; Lyons and Powers, 1963; McCaffrey and Cumming, 1967, 1969; Morse, Cutler, and Fink, 1964; Rubin, Simson, and Betwee, 1966; and Stennett, 1966). In addition, as they moved through school they fell further and further behind (Bower, 1962; Cowen and others, 1963, 1966; and Stennett, 1966).

Behavior and Adjustment

Since the areas of behavior and adjustment often overlapped in the studies being discussed, it was practical to include these two areas in the same section. A wide range of problem behaviors was listed. Nevertheless, the categorization of hyperactive and/or withdrawn summarizes the behaviors described by most of the studies. Aggressive, defiant, antisocial and hostile were adjectives commonly used. The area of adjustment was usually described in terms of sociometric devices.

In the programs surveyed by Morse, Cutler, and Fink (1964) more than half the children fell into the classification of neurotic, with acting-out neurotic boys the largest single group. The other large group of children fell into the neglected category. They stressed the fact that children most likely to be served in special classes for the emotionally disturbed were those who caused difficulty for peers and teachers in the regular classrooms.

In the Quay, Morse, and Cutler study (1966), behavior and adjustment of the emotionally disturbed sample fell into three major categories. The most prevalent category was conduct problems or unsocialized aggression, which was characterized by aggressive, hostile, and contentious behavior. Less common were personality problems or neuroticism, characterized by anxious, withdrawn introvertive behavior. Almost equally prevalent was inadequacy-immaturity, characterized by preoccupation, lack of interest, sluggishness, laziness, daydreaming, and passivity.

Bower (1962), Cowen and others (1963, 1966), and Vacc (1968) administered Bower's "A Class Play" to all children in regular classes where emotionally disturbed children had been placed. According to all four studies, emotionally disturbed children were not well accepted by their peers. Bower (1962) found that emotionally disturbed children were selected most often for hostile, inadequate, or negative roles and were not selected for positive, good roles. Of these children, 87% were also rated by their teachers as among the most poorly adjusted children in their classes.

Prevalence

Several studies give data on the prevalence of emotional disturbance among public school populations. Four dealt with rural, small town populations. McCaffrey and Cumming (1967, 1969) used teacher interviews to screen all children in second, fourth and sixth grades in Onondaga County, New York, except those in the city of Syracuse. They found that 7.6% of the total sample were either labeled emotionally disturbed by their teachers or described by symptoms which showed emotional disturbance. Boys appeared more than twice as often as girls.

Glavin (1968) surveyed all the elementary school children registered in grades two through five in Anderson County, Tennessee. Of this population, 12.9% were identified as emotionally disturbed. Stennett's (1966) survey identified 22% of the children in a rural, northern Minnesota school district as emotionally disturbed. Moderately as well as seriously emotionally disturbed children were included in his sample. He estimated only 5% to 10% of these needed professional help. In the disturbed group, the sexes were equally represented.

The surveys of urban populations involved Rochester, New York (Cowen and others, 1963, 1966), and a small midwestern university city (Werry and Quay, 1970). The latter surveyed the total kindergarten through second grade school population, including all special classes. Few age, but marked sex differences were found, with most symptoms except neurotic ones being commoner in boys. No overall prevalence figures were given.

The longitudinal studies by Cowen and others (1963, 1966) in Rochester involved an extensive school-wide screening process to identify children with moderate to severe emotional problems or indications of incipient emotional problems. By the end of the third grade, 37% of the sample had been so designated. The inclusion of moderate disturbance and incipient emotional problems helped to explain this high rate.

The Mackie report (1969) of special education services in the United States between 1948 and 1966 gave 2% as the prevalence figure for school-age populations. Socially maladjusted as well as emotionally disturbed children were included because of difficulty in differentiating between these conditions. Page (1965) cited a similar figure, 1%, for the State of Illinois. This was based on the Illinois Census of Handicapped Children conducted in 1958 and 1962, and the number of children known to be in existing special education programs.

The Page (1965) and Mackie (1969) prevalence figures, though consistent with estimates from the National Institutes for Mental Health, are low when compared with figures from studies cited previously. However, data from the questionnaire reported in Chapter IV indicate that many states use the conservative 2% figure for educational planning.

The studies done on persistence of emotional disturbance support this lower figure (Glavin, 1968; McCaffrey and Cumming, 1967, 1969; and Stennett, 1966). These studies found that approximately two-thirds of children originally identified as emotionally disturbed and not treated had "spontaneously" recovered when re-surveyed several years later. Zax and others (1968), in a seven year follow-up of emotionally disturbed children, were more cautious. They stated that evidence indicated "early disturbance in children is not ephemeral and is a portent for later difficulty" (p. 373).

Available Services

A National Education Association survey (1961) of 875 urban school districts found that 2.9% of the districts reported that they fully provided programs for the emotionally disturbed (facilities not elaborated) and 11.8% reported that they provided limited facilities. There were fewer facilities in the emotionally disturbed category than in any other.

Engle (1964) located at least 294 public school classes for emotionally disturbed children. The Eastern states had 45% of these classes, Southern states 31%, Midwestern states 19% and Western states 5%. The states of California and Illinois, and the city of New York were not fully reported in this survey.

The Morse, Cutler, and Fink study (1964) located 117 programs for emotional disturbance. They estimated that this represented approximately 75% of the existing programs at that time. The authors indicated that the facilities available in 1963 were numerically inadequate. Most classes were small pilot projects and had been in existence for only a short time.

Angellotti (1968) surveyed the public school systems in Michigan. He found existing programs enrolled only a small number of children. A large number of emotionally disturbed children were in regular classrooms.

In a nationwide survey concerning both emotionally disturbed and socially maladjusted children, Adamson (1968) located 2,800 classrooms in the public schools servicing 35,000 children. His data indicated the public schools were servicing less than 3% of this special population.

These figures agree with Mackie's report (1969). She estimated that in 1966, 32,000 emotionally disturbed and socially maladjusted children were enrolled in public school special education programs. An additional 56,000 were in residential schools. This represented only 12% of the estimated number of school-age children needing services, a lower percentage than any other exceptionality except hard of hearing.

Special Classes

The majority of special services described in the literature were separate classes for emotionally disturbed children using specially trained teachers and special curricula and methods. Evaluation of these programs was done by measuring changes in achievement, behavior, and adjustment. All studies selected for this section, except Morse, Cutler, and Fink (1964), used control groups of emotionally disturbed children left in regular classrooms without treatment (Bower, 1961; Haring and Phillips, 1962; Miller, 1967; Muller, 1967; Radin and others, 1966; Rubin, Simson, and Betwee, 1966; and Vacc, 1968). Studies which were only comparisons of different methods were not included.

Little information is available regarding techniques used in special classes. Haring and Phillips (1962) and Miller (1967) mentioned highly structured programs. Individualized instruction was used by Bower (1961) and by Rubin, Simson, and Betwee (1966). Other programs mentioned life experience units (Bower, 1961), unit approaches (Miller, 1967), and clinical methods (Haring and Phillips, 1962; and Radin and others, 1966). The only criteria which were the same in all studies were removal from regular classes and placement in separate classes with fewer children.

The Morse, Cutler, and Fink study (1964) does give some comparative information on the effectiveness of various program types. They rated four out of seven program types highly or very successful: psychiatric-dynamic, psychoeducational, psychological-behavioral and educational. Only those programs with unclear methods and lack of control over the children were judged unsuccessful: naturalistic, primitive, and chaotic.

The most obvious effect of special class placement was in achievement. In only one study, Rubin, Simson, and Betwee (1966), emotionally disturbed children enrolled in special classes did not make significant improvement compared to their control groups. Most studies reported a gain in general achievement. The Bower study (1961) also found a significant increase in IQ scores.

Behavior, as rated by teachers, also showed significant improvement in most studies. The exceptions were Muller (1967) and Rubin, Simson, and Betwee (1966). The related area of adjustment, as measured by sociometric devices and self-report procedures, improved significantly in most studies. In none of the programs did behavior or adjustment ratings decrease.

Other Special Services

Alternatives to special class placement range from short term counseling to resource room placement for part of each day. All studies discussed here used control groups of untreated emotionally disturbed children left in regular classes (Bower, 1961; Cowen and others, 1963, 1966; Glavin and others, 1970; Harth, 1966; Jackson, 1962; and Plank, 1969).

The study by Bower (1961) included a number of other alternative services in addition to special class placement. Two of these methods produced significant improvements in achievement, behavior, and adjustment. One method was small group counseling for adolescents. The other involved tutorial help for emotionally disturbed learning disability groups.

Harth (1966) used role playing sessions with a small sample of 10 students. The children portrayed school personnel in various problem situations centered around school. Their teachers reported significant improvement in classroom behavior.

Jackson (1962) compared the effects, over a four year period, of two experimental conditions: 1) special class placement with parental counseling and 2) regular class placement with counseling for mothers only. Significant improvement in behavior and adjustment was found in both groups when compared with their controls. The special class group was also superior in achievement.

The service investigated by Plank (1969) consisted of small group summer sessions for preschool emotionally disturbed children. These were designed to improve awareness, increase communication, and direct impulses. Parents were involved in behavior management discussions. Mental health workers consulted with the children's teachers prior to and during the school year. No significant differences between experimental and control groups were found.

A very comprehensive school-wide preventative program has been described by Cowen and others (1963, 1966). Included were early diagnostic evaluation of all first graders, social work interviews with mothers, consultative services for teachers, an after-school activity program for children with severe problems, and separate discussion groups for parents and teachers. Children with actual or potential emotional disturbance were identified early and closely followed.

A comparison was done between the children who received this comprehensive preventative care and those who did not. In all cases where there were significant differences between the groups, the experimental children fared better. These differences were in the areas of achievement, behavior, and adjustment, as well as in general health.

Glavin and others (1970) developed a resource room program as an alternative to special class placement. Children were in the resource room during those periods of the day when they were functioning least effectively in their regular classes. The program emphasized academic remediation in a structured, reinforcement oriented setting. The experimental group made significantly greater gains in reading vocabulary and arithmetic fundamentals than the control group. Improvements in behavior seen in the resource room setting did not generalize to the regular classes.

Standards

In her survey of 45 states, Engle (1964) found 27 states had permissive laws which made public funds available for emotionally disturbed classes. In addition, Massachusetts had a law with both permissive and mandatory provisions, while Pennsylvania and Rhode Island had mandatory laws.

In a later survey of all 50 states, Puerto Rico, Guam and the Canal Zone, Scheuer (1966) found 40 localities with provisions for classes for the emotionally disturbed. Special classes were mandatory in Alaska, Minnesota, and Pennsylvania. Morse, Cutler, and Fink (1964) found the most common class size limit was five to nine pupils. Engle (1964) found a teacher-pupil ratio of 1:15 was the highest and 1:5 was not unusual.

Diagnosis, Placement and Discharge

The most comprehensive account of diagnosis and placement procedures was given in Morse, Cutler and Fink (1964). They identified six stages which were used in varying degrees by different school systems: 1) nomination of potential pupils, 2) additional data collection, 3) screening committee, 4) further study, 5) placement committee, and 6) assignment to class. A psychiatrist was often involved, along with the school psychologist, social worker, and classroom teacher. The final decision often rested with the special education director. Few programs could give an exact definition of the diagnostic indicators used in deciding to place a child. Decisions seemed to be based on clinical feel, the degree of trouble the child was producing, and the availability of a "slot" for him. Procedures reported by other studies (Adamson, 1968; Bower, 1961; Cowen and others, 1963, 1966; Engle, 1964; Glavin and others, 1970; Haring and Phillips, 1962; and Rubin, Simson, and Betwee, 1966) all fit into the Morse, Cutler, and Fink (1964) model. Few included all six stages.

The Morse, Cutler, and Fink (1964) and Rubin, Simson, and Betwee (1966) studies mention procedures for returning children to regular classes after placement in a special class. Procedures for return were less clear and formalized than those for admission. In general, the process had four stages: 1) generation of concern for return, 2) staffing conference, 3) placement alternatives (where, how), and 4) return to the regular class.

Exclusion

Two studies dealt with exclusion from school as a means for coping with emotionally disturbed children. Lyons and Powers (1963) did a follow-up study of 661 elementary school children excluded from Los Angeles City Schools because of extreme behavioral or emotional problems. Pupils were most frequently exempted because of emotional instability and hyperkinetic behavior. On a part-time basis, 61.3% attended school. The rest were excluded entirely. Of the sample, 88% were boys. The duration of the exclusion varied with each child's ability to adapt to the classroom situation.

Morse, Cutler, and Fink (1964) investigated reasons for long-term removal from special classes. Removal was used as a control measure or if the child failed to benefit from the special class. Over half the programs involved the parent if exclusion was being considered. Other procedures such as therapy were often recommended.

Administrative Organization

In 1963, Mackie (1969) found that of 552 special education programs for emotionally disturbed children, 513 were administered by local public school districts which provided services for local children as well as tuition paying children from other districts. Another 28 programs were administered by intermediate school districts such as a county or supervisory union maintaining special education programs to serve two or more local administrative units.

Summary

This survey of research relating to public school programs for emotionally disturbed children covered the following areas: 1) definition of emotional disturbance, 2) prevalence data, 3) surveys of available services, 4) effects of special programs, 5) standards, 6) diagnosis, placement, and discharge procedures, 7) exclusion from school, and 8) administrative organization.

No generally accepted definition of emotional disturbance was found in the research literature. Available research tends to define emotionally disturbed children operationally; behind their normal peers in achievement, behavior, and adjustment.

Studies of prevalence indicate approximately 7% to 13% of school-age children are seriously emotionally disturbed. However, when examined for persistence of disturbance, approximately two-thirds of these children seemed to recover without treatment.

Surveys of available services for emotionally disturbed children indicate that only a small percentage of children needing services are receiving them through the public schools. In all studies reported here special class placement resulted in significantly positive changes in achievement, behavior, or adjustment. It appears from the research on special education programs that special services other than special class placement generally produce positive results.

Very little research has been done on standards for special services for emotionally disturbed children. The restrictions on case loads for personnel involved with these children have not been reported.

Procedures for diagnosis, placement, and discharge all fit the stages identified by Morse, Cutler, and Fink (1964). Discharge procedures were less formalized and infrequently mentioned.

In two areas, the use of exclusion and administrative organization, very little data is available. Studies do indicate exclusion has been used as a last resort when other control measures are ineffective. According to the one administrative study, most programs are administered by local school districts.

Discussion

The greatest weakness in research on emotionally disturbed children is lack of a generally accepted operational definition. It is meaningless to evaluate the effectiveness of various programs when variables of type and severity of emotional disturbance are not controlled. Related to this lack of definition are the problems found in diagnosing, placing, and discharging children from special programs. When there is uncertainty about the meaning of emotional disturbance, decisions concerning appropriate services for each child are very difficult.

Lack of definition also results in conflicting statistics regarding available services. A decision of which programs to include in a survey depends on the definition used by the researcher. For the same reasons, prevalence data are conflicting. Since definition of emotional disturbance determines the cut-off points used in screening procedures, these cut-off points vary from study to study.

A second major problem in the research on emotional disturbance is poor research design. Much of the data is ex post facto and, as a result, important variables have not been controlled. Control and experimental groups are rarely assigned randomly. Subjects are infrequently matched for variables such as age, sex, achievement, or type and severity of emotional problems. Almost no longitudinal material is available, especially in the decisive area of performance after return to regular classes.

The third problem area is the lack of information about methods used with emotionally disturbed children. Detailed descriptions of methods were given in only two studies, Haring and Phillips (1962) and Rubin, Simson, and Betwee (1966). Other descriptions were available, but they were not part of research studies or had no control groups.

The research weaknesses mentioned above, as well as the general paucity of research in public school services for the emotionally disturbed, make it very difficult to evaluate the effectiveness of various program types. It is not yet clear whether separate classes or other kinds of services are most useful in helping emotionally disturbed children.

Chapter III

Methodology

Interest in several phases of the development and evaluation of public school programs for emotionally disturbed children prompted the authors to seek information concerning the current status in the field as seen by state directors of special education. A questionnaire was developed in consultation with the University's Survey Research Laboratory. Copies were sent to the directors of special education in each of the 50 states and the District of Columbia (hereafter indicated as the 51 states). The director was asked either to complete the form himself, or to have his specialist in the area of the emotionally disturbed do so. The forms were sent early in 1970 with the request that they be returned in about a month. Two weeks following the deadline for return of the questionnaire, a telegram and a second form was sent to those states not responding. This procedure produced 100% response.

The main areas covered in the survey were: terminology and definition; prevalence estimate used and the source of the estimate; kinds of special educational services for emotionally disturbed children required, authorized or permitted, and those prohibited by law or regulation; maximum special class size and case loads; diagnostic and placement procedures; and evaluation of the success of the program.

Tabulation of the data was made for the entire country, and by region. The division of the states by region was accomplished as follows: Two sections of the country, the far west and the southeast, have well-developed regional organizations for educational purposes: The Western Interstate

Commission of Higher Education (WICHE), and the Southern Regional Education Board (SREB). These two regional organization consist of 13 and 15 states respectively. The remainder of the United States was divided into roughly equal halves, designated "east" and "midwest." Eleven states were assigned to the east and 12 to the midwest, based on contiguity. A list of states by regions is contained in Appendix B.

The reader is cautioned that while care was taken to insure accuracy, in some cases contradictory information was supplied. In many cases, the state director or his specialist in education of the emotionally disturbed elected to provide a copy of state laws, rules and guidelines in addition to or in lieu of completing the form provided. In some cases information supplied on the form was not in agreement with the printed information furnished. In these cases a judgment was made, based on a careful study of all materials available.

When analyzing the data the following definitions of terms were used: Committee included any staffing or group of people who jointly made decisions regarding the child. Members of the committees included teachers, directors of special education, school psychologists, psychiatrists, social workers, nurses, speech teachers, etc. Administrators included directors of special education, school boards and superintendents, school systems and state departments of education. Diagnosticians included psychologists, psychiatrists, and other medical doctors.

Chapter IV

Results and Discussion

This chapter will provide a status report and a discussion of the education of emotionally disturbed children in the public schools of the United States in 1970, as seen by the state director of special education or his specialist in this field.

Terminology and Definition

It was found that some six terms were used to identify children who would come under the general classification, "emotionally disturbed."

TABLE 1

NUMBER OF STATES, BY REGION, USING VARIOUS TERMINOLOGY*

	REGIONS				
TERM	WICHE	SREB	EAST	MIDWEST	U.S.
Emotionally Disturbed	4	12	6	9	31
Emotionally Handicapped	3	2	4	1	10
Emotionally Maladjusted	2		1	2	5
Educationally Handicapped	2				2
Emotional Conflict		1			1
Exceptional Children	1				1
No Term	1				1

*See Appendix B for list of states by region.

The great majority of the states utilized the term "emotionally" in identifying this type of child. Of the three states not including this word in their terminology, it is interesting to note that all are in the western (WICHE) region. Analysis of definitions contained in laws, rules, and regulations was made difficult because of the wide range of synonyms employed for various key terms.

TABLE 2

NUMBER OF STATES, BY REGION, SPECIFYING CERTAIN FACTORS IN THE DEFINITION OF EMOTIONALLY DISTURBED*

	REGIONS				
DEFINITION SPECIFIES:	WICHE	SREB	EAST	MIDWEST	U.S.
Causal Factors	1	1	2	1	5
Normal Intelligence	2	1	1	2	6
Achievement Problems	3	3	2	3	11
Behavior and/or Adjustment Problems	7	10	6	6	29
Diagnostician	1	4	1	2	8
No Definition or Existing Definition is Circular**	6	4	4	4	18
Other	1		1	1	3

*Many definitions specify more than one factor.

**Circular definitions include 1) those which only specified the child is unable to profit from regular class and/or requires special services and 2) those which defined emotional disturbance with another term, such as emotionally handicapped.

Table 2 analyzes the number of states, by region, whose definitions included one or more of the factors identified. While well over half the states included the concept of behavior and/or adjustment problems, there were almost as many terms used as number of states. Terms which were accepted for inclusion in this category include: aggressive destruction, morbid withdrawal, maladjustive reactions, neurotic, psychotic, character disordered, distorted behavior and thinking patterns, personal problems, psychological stress, mentally ill, personal adjustment, behavior disorders, primary emotional problems, unresolved social and/or emotional conflicts, persistent failure to adjust, behavior which interferes with child's ability to adjust and benefit, adjustive difficulties or conflicts, internal emotional conflicts, inability in social relationships, behaving in a significantly inappropriate manner, maladaptive social-emotional behavior, persistent and intense personality deviation or aberrations, poor mental health, and distorted behavior and thinking patterns. These examples of behavior vary significantly from intra-psychic conditions to several types of observable behavior. It appears that the states, by and large, rely primarily on a quasi-psychiatric definition which, as Kanner noted (see page 2), defies adeauate definition.

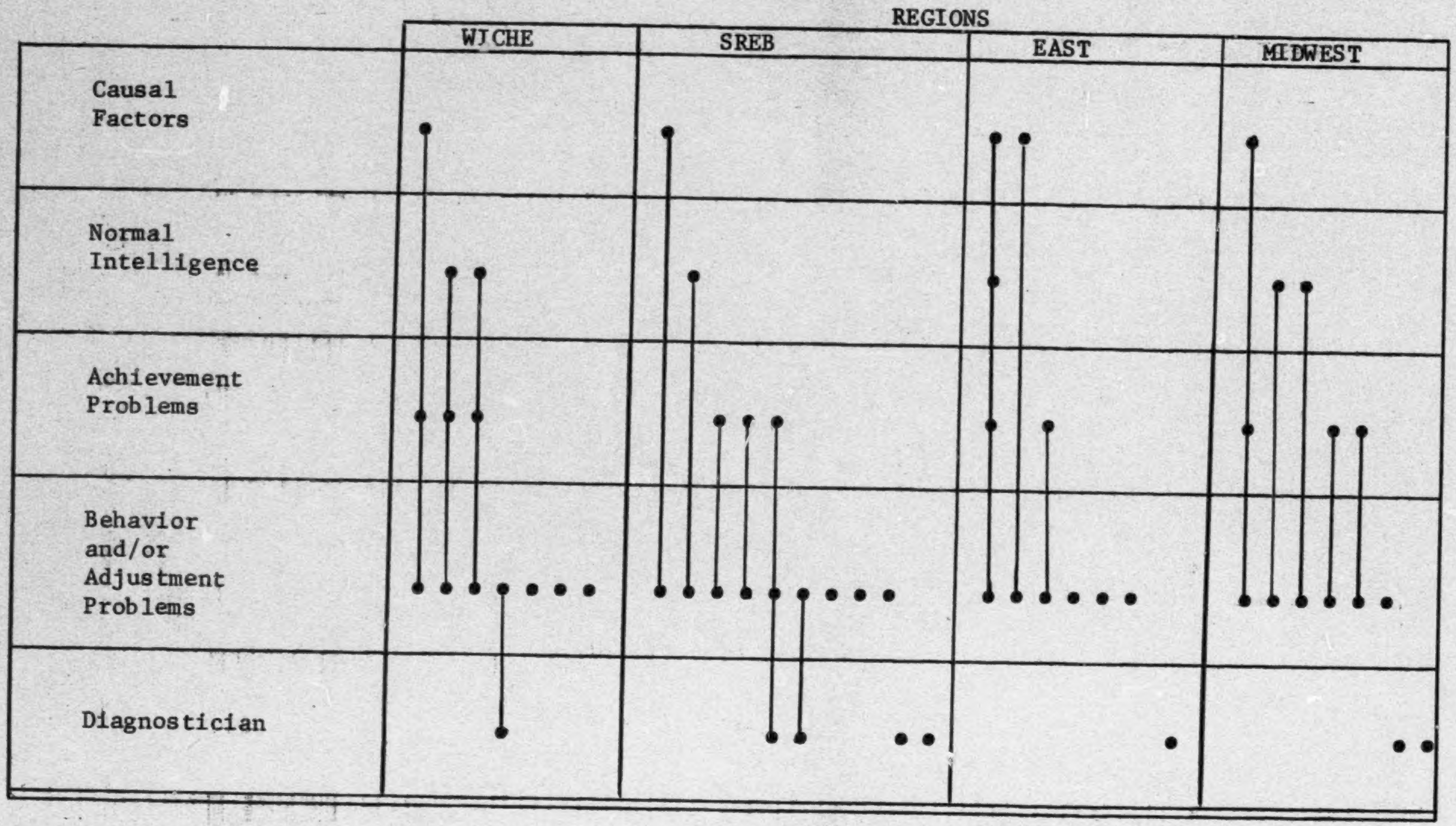
This issue of terminology and definition is of paramount importance. Until there is agreement as to what is under discussion, it is of questionable value to attempt to determine prevalence, services needed, or evaluation of services for this apparently heterogeneous group of children.

Most definitions included several factors, the most common combination specifying both academic achievement problems and behavior and/or adjustment problems. Though academic achievement is obviously educationally relevant, it is the behavior and/or adjustment problems which are, or should be, the prime reason for referring a child for special services. They therefore need more careful description. To say that a child is neurotic tells nothing, in fact, about a child's behavior. A few states included a statement concerning causal factors which, while interesting, are at best speculative and of doubtful value for educational program planning. Six states specify that in addition to other characteristics, the child is required to have normal intellectual ability. However, many children referred for consideration for programs for emotionally disturbed children obtain test scores below the normal range because of lack of test-taking ability or anxiety rather than because of below average intellectual ability. Thus the validity of such a restriction must be questioned.

Five states left the problems of definition entirely up to the diagnostician, and three other states included mention of a diagnostician, together with one or more of the other factors. This distribution of factors in the definitions is graphically portrayed in Figure 1. Each dot on the figure indicates that this factor was included in a state's definition. Where more than one factor was included in a state's definition, they are connected by a line.

Clearly, at this time there is no generally acceptable educational definition of what constitutes emotional disturbance in children. Before meaningful research on prevalence, programming, etc., can be accomplished it is necessary that those disciplines concerned with the needs of emotionally disturbed children jointly arrive at a definition which does more than provide innumerable lists of questionable characteristics, most of which either defy definition or are found at times in almost all children. The question remains, "What is an emotionally disturbed child?"

FIGURE 1: FACTORS IN DEFINITIONS OF EMOTIONALLY DISTURBED*



*Each dot on the figure indicates that this factor was included in a state's definition. When more than one factor was mentioned by any state, these factors were connected by a line.

Prevalence Estimates

Once a specific kind of handicapped child has been identified as being in need of special education services and the problem has been sufficiently defined so that such children may be identified, the next essential element needed to develop a state plan to meet their needs is some estimate of the prevalence of these children in the school age population. While most states use the conservative 2% figure, the range reported was from .05% to 15%.

TABLE 3

NUMBER OF STATES, BY REGION, AND THE PREVALENCE ESTIMATES OF EMOTIONALLY DISTURBED CHILDREN FOR EDUCATIONAL PLANNING PURPOSES

	REGIONS				
PERCENT	WICHE	SREB	EAST	MIDWEST	U.S.
.05	1				1
1		1		1	2
2	2	6	4	6	18
3	1	2	3	1	7
4	1	1		1	3
5	2		2	2	6
6	1				1
7					
8					
9					
10	1	2		1	4
11					
12		1			1
13					
14					
15		1			1
No Answer	4	1	2		7

It is interesting to note that while only one state failed to identify emotionally disturbed children by some specific label, we are unable to find any statement of prevalence for seven states.

TABLE 4

DISTRIBUTION OF STATES BY DERIVATION OF PREVALENCE ESTIMATES*

	REGIONS				
HOW DERIVED	WICHE	SREB	EAST	MIDWEST	U.S.
National Estimates	6	7	7	5	25
Local/State Data	4	1	4	4	13
Professional Judgment	1	1		1	3
Bower 1957/1958		2	1		3
No Answer	3	5	2	2	12

*Some states used more than one source for their figures.

Four categories of sources were identified from which the estimates were derived. The data in Table 4 indicate the distribution by region. About half the states seem to rely upon the estimate of the U.S.O.E. while 13 states indicated that their estimate was based on local or state-wide studies. An equal number of states provided no answer to the question.

Nevertheless, it seems improbable that the prevalence of emotional disturbance in children could vary as much as 300 fold. As previously noted (Rosen and others, 1968), the National Institutes of Mental Health report that "2 to 3 percent of the children are in need of psychiatric care and an additional 7 percent in need of some help...." It is unlikely that this total group of 9% or 10% of the total school population is in need of special education in the public schools. Research cited in Chapter II (Stennett, 1966; McCaffrey and Cumming, 1967, 1969; Glavin, 1968) strongly suggests that approximately two-thirds of the children initially identified as being emotionally disturbed are, on re-evaluation, apparently not found to be emotionally disturbed even though no special educational provisions were made for them. In other words, a child may be in need of mental health attention at some time during his school career but this does not mean that he is also in need of special education services. In light of these findings, it is more likely that the percent of children in need of special education programs is probably less than 3%. A better estimate will have to wait until definitional problems are resolved and an adequate prevalence count taken.

Educational Services Available

In seeking information about the direct and indirect educational services for emotionally disturbed children, we specified 12 such services and asked that each be identified as falling into one of four categories in that particular state: 1) required [that is mandatory by law or regulation], 2) authorized or permitted by law, 3) prohibited by law, rule, or regulation, and 4) not dealt with in law or regulation. Our data also includes a fifth column, "No answer," to indicate the absence of any check marks for that program. Tables 5 through 9 present the data for the total United States and for each region.

TABLE 5

NUMBER OF STATES REPORTING EDUCATIONAL SERVICES AVAILABLE BY CATEGORY: UNITED STATES (N = 51 STATES)

PROGRAM	REQUIRED (I.E., MANDATORY BY LAW OR REGULATION)	AUTHORIZED OR PERMITTED	PROHIBITED	NOT DEALT WITH IN LAW OR REGULATION	NO ANSWER
Special Class Program	9	38		1	3
Resource Room Program	2	38		5	7
Crisis Intervention	1	29		12	9
Itinerant Teacher Program	1	32		9	9
Academic Tutoring	1	25		15	10
Homebound Instruction	3	35	3	5	5
Guidance Counselor	1	34		7	9
School Social Worker	2	31		9	9
Psychotherapy by School Psychologist	1	20	2	18	10
Psychiatric Consultation	4	28		10	9
Public School Transportation To Non-School Agency: E.g., Mental Health Clinic	4	15	7	16	9
Payment By Public School For Private School	8	15	9	10	9

TABLE 6

NUMBER OF STATES REPORTING EDUCATIONAL SERVICES AVAILABLE BY CATEGORY: WICHE (N = 13 STATES)

PROGRAM	REQUIRED (I.E., MANDATORY BY LAW OR REGULATION)	AUTHORIZED OR PERMITTED	PROHIBITED	NOT DEALT WITH IN LAW OR REGULATION	NO ANSWER
Special Class Program	3	7		1	2
Resource Room Program		6		3	4
Crisis Intervention		5		4	4
Itinerant Teacher Program		6		3	4
Academic Tutoring		4		5	4
Homebound Instruction	1	8		2	2
Guidance Counselor		9		3	1
School Social Worker		7		3	3
Psychotherapy by School Psychologist	1	3	1	4	4
Psychiatric Consultation	1	8		1	3
Public School Transportation To Non-School Agency: E.g., Mental Health Clinic		4		5	4
Payment By Public School For Private School	1	6	1	1	4

TABLE 7

NUMBER OF STATES REPORTING EDUCATIONAL SERVICES AVAILABLE BY CATEGORY: SREB (N = 15 STATES)

PROGRAM	REQUIRED (I.E., MANDATORY BY LAW OR REGULATION)	AUTHORIZED OR PERMITTED	PROHIBITED	NOT DEALT WITH IN LAW OR REGULATION	NO ANSWER
Special Class Program		14			1
Resource Room Program		13		2	1
Crisis Intervention		9		3	3
Itinerant Teacher Program		9		3	3
Academic Tutoring		5		6	4
Homebound Instruction		10	2	2	1
Guidance Counselor		11		1	3
School Social Worker		7		4	4
Psychotherapy by School Psychologist		5		6	4
Psychiatric Consultation		7		4	4
Public School Transportation To Non-School Agency: E.g., Mental Health Clinic		3	1	7	4
Payment By Public School For Private School		4	2	6	3

TABLE 8

NUMBER OF STATES REPORTING EDUCATIONAL SERVICES AVAILABLE BY CATEGORY: EAST
(N = 11 STATES)

PROGRAM	REQUIRED(I.E., MANDATORY BY LAW OR REGULATION)	AUTHORIZED OR PERMITTED	PROHIBITED	NOT DEALT WITH IN LAW OR REGULATION	NO ANSWER
Special Class Program	5	6			
Resource Room Program	1	8			2
Crisis Intervention	1	6		2	2
Itinerant Teacher Program	1	6		2	2
Academic Tutoring	1	6		2	2
Homebound Instruction	2	7	1		1
Guidance Counselor	1	6		1	3
School Social Worker	2	6		1	2
Psychotherapy by School Psychologist		7	1	1	2
Psychiatric Consultation	2	5		2	2
Public School Transportation To Non-School Agency: E.g., Mental Health Clinic	3	4	2	2	
Payment By Public School For Private School	5	4	2		

TABLE 9

NUMBER OF STATES REPORTING EDUCATIONAL SERVICES
AVAILABLE BY CATEGORY: MIDWEST
(N = 12 STATES)

PROGRAM	REQUIRED (I.E., MANDATORY BY LAW OR REGULATION)	AUTHORIZED OR PERMITTED	PROHIBITED	NOT DEALT WITH IN LAW OR REGULATION	NO ANSWER
Special Class Program	1	11			
Resource Room Program	1	11			
Crisis Intervention		9		3	
Itinerant Teacher Program		10	1	1	
Academic Tutoring		10		2	
Homebound Instruction		10		1	1
Guidance Counselor		8		2	2
School Social Worker		11		1	
Psychotherapy by School Psychologist		5		6	1
Psychiatric Consultation	1	8		3	
Public School Transportation To Non-School Agency: E.g., Mental Health Clinic	1	4	4	2	1
Payment By Public School For Private School	2	1	4	3	2

The general picture in the United States shows that the vast majority of educational programs and services available to emotionally disturbed children are provided on a permissive basis. It is interesting to note that eight states also mandate payment by public schools for private school services, when, at the same time, nine states prohibit by law or regulation such payment. This lack of agreement can also be seen in the relatively large numbers indicating that particular programs are not dealt with in law or regulation. This category, not dealt with in law or regulation, has more states included than the mandatory category in all but one case, that of special class programs.

The special class appears to be the most frequently mentioned educational procedure for educating emotionally disturbed children, followed by the resource room and homebound instruction. Most of the 12 programs noted in Table 5 are permitted, or at least not prohibited, by more than half of the states. Interesting regional differences can be identified by comparing Tables 6 through 9. The east has the highest proportion of states with one or more mandatory programs for emotionally disturbed children, while the states in SREB have no such programs mandated. SREB also shows a relatively high proportion of states which either fail to deal with many of the various types of programs and services in their laws and regulations, or fail to answer. This also seems to be true in the WICHE states.

Seven special educational services not included in the list which was supplied were indicated on the questionnaires. Two states each indicated that institutional programs were included in services available to their emotionally disturbed children, and two other states indicated that diagnostic programs were provided. One state each reported the following programs: work-study, integrated classes, payment for any service not provided by the state, preschool program, and consulting teacher.

The paucity of research on the efficacy of these various approaches to the education of emotionally disturbed children gives the schools little direction as to which of the possible programs and services would best meet the educational needs of the children. The same situation also holds true for program standards.

Program Standards

Most states provide some form of reimbursement to local school districts for the higher costs of educating emotionally disturbed children in special education programs. State standards are specified to insure a minimum level of quality in district programs in order to qualify for state reimbursement. Such standards typically include teacher certification, diagnosis or certification of eligibility by a certificated psychologist or licensed physician, maximum class size, or professional case load, and maximum age range per special class. Table 10 indicates the upper limits set on enrollment in special classes for emotionally disturbed children.

Where a state indicated that the maximum number of students per class varied as a function of level (i.e., primary, intermediate, secondary), the elementary or intermediate grade data were included here. In all regions

TABLE 10

DISTRIBUTION OF STATES BY MAXIMUM NUMBER OF STUDENTS PER ELEMENTARY CLASS FOR THE EMOTIONALLY DISTURBED

	REGIONS				
NUMBER OF STUDENTS	WICHE	SREB	EAST	MIDWEST	U.S
6		1			1
7					
8	1		4	4	9
9			1		1
10	4	7	5	4	20
11					
12	4				4
13					
14					
15	3	4		1	8
No Maximum			1	2	3
No Answer	1	3		1	5

it appears that 10 students seem to be the modal figure for maximum class size. WICHE and SREB states indicate that higher limits (12 and 15, respectively) are the next most popular limits, while the east and midwest states drop to 8 as their second most common maximum limit per special class.

Data regarding permissible maximum caseloads for various types of itinerant teachers, psychologists, and social workers were not obtained for most states. Table 11 tabulates all responses obtained from the 51 states.

TABLE 11

NUMBER OF STATES INDICATING ANNUAL CASE LOAD PER PROFESSIONAL WORKER*

PERSONNEL

PUPIL LOAD PER YEAR	RESOURCE TEACHER	CRISIS INTERVENER	ITINERANT TEACHER	HOME-BOUND TUTOR	SCHOOL SOCIAL WORKER	SCHOOL PSYCHOL-OGIST	SCHOOL PSYCHI-ATRIST
1-4				2			
5-9	1	1	1	5			
10-14	8	2	6	2			
15-19	4	1	2	1			
20-24	3	1	2				
25-29	1	1	1				
30-34	2						
35-39							1
40-44							
45-49							
50-54	1	2	1		2		
55-59							
60-64	1	2					
65-69							
70-74							
75-79		1					
80-84						1	
100						2	
140					1		
150						1	
250		1			1		
700						1	

*Data insufficient for regional analysis. Various bases were indicated (e.g., per year, at one time, ratio of worker to students).

In reviewing the standards for the various types of special programs it appears that some states may be more concerned with economy and efficiency of operation rather than with effectiveness of the program. One finds resource teachers with case loads of 60, crisis interveners and social workers with case loads of 250, and psychologists with case loads of 700. At the other extreme are those states with quite small case loads which may be wasting valuable manpower. The optimal case load, in all likelihood, is someplace between the extremes.

A few states provided caseload data in terms of permissible maximum number of pupils assigned at any one time. Even here, it will be noted, the range of permissible maximums varies markedly between states.

TABLE 12

NUMBER OF STATES INDICATING
CASE LOAD BY TYPE OF PERSONNEL

	PERSONNEL			
LOAD AT ONE TIME	RESOURCE TEACHER	CRISIS INTERVENER	ITINERANT TEACHER	HOME-BOUND TUTOR
10-14	1	1	1	1
15-19	2	1	2	
20-24	1	1	1	

Table 13 tabulates the data regarding ratio of public school population for each school social worker, school psychologist or school psychiatrist. While only a few states supplied data in this form, it is interesting to note the wide range, indicating the differences in quality and kinds of service, and the role which these personnel have in the different states.

TABLE 13

NUMBER OF STATES INDICATING
RATIO OF PROFESSIONAL WORKERS TO STUDENTS

	PERSONNEL		
RATIO	SCHOOL SOCIAL WORKER	SCHOOL PSYCHOLOGIST	SCHOOL PSYCHIATRIST
1:1,500	3	1	
1:2,000		1	
1:2,500		1	
1:20,000	1	1	1

One quality standard which is easily imposed on special class programs is limitation on chronological age range. About half of the states reported utilization of such a standard. Only three ranges were mentioned, with 12 states indicating that a four-year range in chronological age was the maximum for any special class. Nine states utilized a three-year maximum range, while two states indicated that they would permit a five-year range.

A few states also indicated use of a limit of the number of years which an emotionally disturbed child could be enrolled in a special class program. Three states permitted a full 12 years, while two states indicated 2 years and two states limited enrollment to 3 years as the maximum permitted. One state even limited enrollment to a single year while one other state permitted 6 years. Two states indicated until 21 years of age while 16 states indicated they had no limits.

Eligibility and Placement

The assignment of responsibility for determination of eligibility for special educational programs for emotionally disturbed children seems to be divided about evenly in all regions between the superintendent of schools (or other administrator designated by him) and a committee whose members usually include teachers, administrators, psychologists, and social workers. In a fewer number of cases, a single diagnostician is specified, such as school psychologist or psychiatrist.

TABLE 14

NUMBER OF STATES, BY REGION, INDICATING
WHO DETERMINES ELIGIBILITY*

	REGIONS				
DECISION MADE BY:	WICHE	SREB	EAST	MIDWEST	U.S.
Committee	6	5	6	5	22
Administrators	5	4	4	6	19
Diagnostician	3	3	1	2	9
No Regulations	1	2			3
No Answer Given		1	1		2

*Some states have more than one authority responsible for the decision.

The trend is away from having a single diagnostician determine eligibility to the use of a team composed of both mental health specialists and educators, and in a very few cases, the parents -- an interesting innovation.

In response to the specific question, "Is a psychiatric evaluation required?" the majority of states in each region indicated that it was not. The distribution is shown in Table 15.

TABLE 15

DISTRIBUTION OF STATES INDICATING WHETHER A PSYCHIATRIC EVALUATION IS REQUIRED FOR ELIGIBILITY

	REGIONS				
ANSWER	WICHE	SREB	EAST	MIDWEST	U.S.
Yes	5	5	5	4	19
No	8	10	6	8	32

While some 19 states require a psychiatric evaluation, in only 5 cases is eligibility determined by a diagnostician alone. Thus, over a third of the states require a psychiatric evaluation, but this is used as a single criterion only in a few. The placement of children in a particular special education program seems to be clearly the responsibility of administrators in eastern and midwestern states, but tends to be shared by committees to a greater extent in WICHE and SREB. It is interesting to note that diagnosticians (school psychologists, psychiatrists, etc.) are not assigned authority for placement of emotionally disturbed children in special class programs or special services.

TABLE 16

DISTRIBUTION OF STATES REGARDING WHO DETERMINES PLACEMENT*

	REGIONS				
DECISION MADE BY:	WICHE	SREB	EAST	MIDWEST	U.S.
Committee	5	4		2	11
Administrators	8	9	11	10	38
Diagnostician					
No Regulations	1	2			3
No Answer Given		1			1

*Some states have more than one authority responsible for the decision.

Since administrators and committees constitute the most common authorities for eligibility and placement decisions, it was necessary to determine whether decisions concerning these two aspects were made by the same people. As can be seen in Table 17, in less than half of the cases the answer was yes.

TABLE 17

DISTRIBUTION OF STATES REGARDING WHETHER DECISIONS ABOUT ELIGIBILITY AND PLACEMENT ARE MADE BY THE SAME PEOPLE

	REGIONS				
ANSWER	WICHE	SREB	EAST	MIDWEST	U.S.
Yes	6	4	3	6	19
No	6	8	8	6	28
No Regulations	1	2			3
No Answer Given		1			1

Regardless of who determined eligibility and placement, we asked whether a specific procedure for determining eligibility and placement existed.

TABLE 18

DISTRIBUTION BY STATES REGARDING WHETHER THEY HAVE A SPECIFIC PROCEDURE FOR DETERMINING ELIGIBILITY AND PLACEMENT

	REGIONS				
ANSWER	WICHE	SREB	EAST	MIDWEST	U.S.
Yes	10	9	10	7	36
No	3	6	1	5	15

The large majority of states in each region indicated that there was a specific procedure.

Thirty-two states supplied sufficient information concerning the process and personnel involved in eligibility and placement procedures to undertake an analysis utilizing the model supplied by Morse, Cutler, and Fink (1964). This model included some six steps or levels. These were collapsed to four, since much of the data supplied could not be differentiated into six steps.

Each symbol represents one state whose data indicates the personnel specified are included in the process indicated in any of the four columns. As would be expected, various individuals, including the parent or guardian, can initiate the process. Data collection is also an individual responsibility, to the greatest extent, but eligibility and placement decisions are heavily weighted toward administrators and committee decisions. Usually these committees contain the individuals who also collected the data, so that they are not mutually exclusive.

Termination of Special Services

One current philosophical basis for special education programs (Reynolds, 1962) includes the principle that children with handicapping conditions should receive special educational services only to the degree needed to enable development of their potential, and that they should return to regular education as soon as feasible. Given provisions for adequate services of all kinds, few if any children designated as emotionally disturbed should retain their classification throughout their school careers or carry it with them into adult life. Recognizing this, the

TABLE 19

DISTRIBUTION, BY REGION, OF ELIGIBILITY AND PLACEMENT PROCEDURES
(N=32)

	PROCESS			
PERSONNEL	INITIATION OF PROCESS	DATA COLLECTION	SCREENING AND ELIGIBILITY DECISION	PLACEMENT DECISION
Parent/ Guardian	W E	EE	W S	E
Teacher	SSS E	WWWW SSS EE M		
Social Worker		WWW SSSSSS EE M		
Psychologist		WWWWWWW SSSSSSSS EEEEE MMM	E	
Psychiatrist		WW SSSS EEEEEE MM	E	
M.D. (psychiatrist not specified)	S	WWWWWWW SSSSS EEEEE		
Committee		S	WWWWW SSSSSSSS EEEE MM	WWW SSSS MM
Administrator	W SSS E		W EE MMM	WWWWW SSSS EEEEEEE MMMM

Legend: Each symbol represents one state.

W - WICHE (8 states answered)
S - SREB (9 states answered)
E - East (9 states answered)
M - Midwest (6 states answered)

authors were concerned with the questions of how many emotionally disturbed children were returned to regular class programs and the process by which this was accomplished.

Each state director was asked to estimate the percent of children classified as emotionally disturbed and placed in special education programs who were returned to a regular class each year. Over one-third of the states were either unable to estimate, found the question not applicable, since they had no special program, or failed to provide an answer (21 of the 51 states). The distribution of the states by percent of emotionally disturbed children returned to regular classes annually show some interesting regional differences (see Table 20). The greatest range is found in the midwest. The SREB states have a similarly wide range, but report over one-fourth of their states returning half of the children to regular classes each year.

It is difficult to understand the wide variation in the percent of children returned to regular education from the special programs, 5% to 90+%. It may well be that those programs returning the greatest number of children have either less seriously disturbed children to begin with or have more effective programs. It is not possible to determine from the data available which of the two alternatives is more likely. That 17 of the states with programs were unable to supply an estimate or did not answer this question suggests that though all of the programs are at least in part supported by state funds, the states lack data which could serve as an indicator of the effectiveness of the programs within their states.

TABLE 20

DISTRIBUTION OF STATES INDICATING PERCENT RETURNED TO REGULAR CLASS PER YEAR

	REGIONS				
PERCENT RETURNED	WICHE	SREB	EAST	MIDWEST	U.S.
5-9	1		1		2
10-14		1		1	2
15-19	1	1		2	4
20-24	1			2	3
25-29	1	2		1	4
30-34	1	1			2
35-39				1	1
40-44			1	1	2
45-49					
50-54		4	1	2	7
55-59					
60-64					
65-69			1		1
70-74					
75-79				1	1
80-84					
85-89					
90-94	1				1
Unable to Estimate	5	4	5		14
Not Applicable	2	1		1	4
No Answer		1	2		3

Responsibility for determining when a child identified as emotionally disturbed can return to regular class placement varies considerably.

TABLE 21

DISTRIBUTION BY STATES INDICATING PERSONNEL INVOLVED IN RETURN PROCEDURE

	REGIONS				
PERSONNEL INVOLVED	WICHE	SREB	EAST	MIDWEST	U.S.
Committee	4	5	5	7	21
Administrator	3	5	1	3	12
Diagnostician	1	2	4	4	11
Teacher	4	4	4	6	18
Locally Determined	2	3	2	2	9
No Answer	2	2	1		5

*More than one person was involved in most states.

As was the case with eligibility determination, committees seem to be the most popular procedure. The special education teacher is involved in at least 18 states.

The role of various school personnel in the process of returning an emotionally disturbed child from special to regular education is indicated in Table 22. Only a few states supplied sufficient information to enable their inclusion in this analysis. The major difference between the eligibility and placement into a special education program (Table 19) and the return procedure (Table 22) seems to be the greater involvement of the teacher in the decision making process of the return. This interpretation must be qualified by the small percentage of states supplying sufficient data to be included in this analysis.

TABLE 22

DISTRIBUTION BY STATES INDICATING THE
PROCESS INVOLVED IN THEIR RETURN PROCEDURE*

	PROCESS			
WHO IS INVOLVED	INITIATES	RECOMMENDS	EVALUATES	DECIDED
Committee		3	10	1
Administrator			2	3
Diagnostician	1	1	3	
Teacher	1	6	4	1

*Data did not lend itself to regional analysis. Few states specified the process.

Administrative Organization

It is axiomatic that there must be a minimum number of children with any given handicapping condition before it is economically feasible or educationally sound to organize special education programs. We therefore asked the state directors to indicate the form of administrative organization utilized to provide special educational services to emotionally disturbed children. In the great majority of states, local school districts bear major responsibility for providing special educational services. In three states, joint agreement or cooperative arrangements between districts are also used. Three other states have intermediate school districts at the county or parish level, and regional units have been established in

TABLE 23

DISTRIBUTION OF STATES INDICATING TYPE OF ADMINISTRATIVE ORGANIZATION USED FOR PROGRAMS FOR THE EMOTIONALLY DISTURBED*

FORM OF ORGANIZATION	REGIONS				
	WICHE	SREB	EAST	MIDWEST	U.S.
Local School District	11	11	9	10	41
Joint Agreement Or Cooperative District Organization	1		1	1	3
Intermediate School District At County or Parish Level		2	1		3
Regional Units				1	1
Direct State Control			2	1	3
Non Public Facilities		1	1	1	3
Not Applicable	2	1			3

*Some states checked more than one category.

one midwestern state. Two states in the east and one in the midwest provide direct state control. Non-public school facilities are utilized by one state each in SREB, the midwest, and the east. Two states in WICHE and one in SREB found the question not applicable because of a lack of any program needing an administrative organization.

Exclusion

Emotional disturbance, together with mental retardation, has often been used as a rationale for school suspension, exclusion, or exemption from compulsory attendance laws. State directors were asked to indicate the reasons why an emotionally disturbed child could be excluded from school. The two most common answers were that 1) the child cannot profit

TABLE 24

DISTRIBUTION OF STATES INDICATING ON WHAT BASIS A CHILD MAY BE EXCLUDED FROM SCHOOL*

	REGIONS				
REASON	WICHE	SREB	EAST	MIDWEST	U.S.
Cannot Profit	4	1	3	6	14
Too Disruptive	6	4	4	2	16
No Service Available	1	2	1	2	6
Other			1	1	2
No Answer	5	9	4	3	21

*Some states indicated more than one reason.

from the educational services provided, and 2) that the child's behavior is too disruptive and thus interferes with the educational program for other children. The regional differences are rather striking: WICHE and SREB states more often cite disruptive behavior, while the midwest places much greater emphasis on inability to profit from the educational program. Over a third of the states failed to provide data regarding the basis on which a child may be excluded, with the largest number coming from the SREB states.

Table 25 tabulates the data concerning the personnel involved in the procedure for exclusion. Despite the fact that multiple designations were made (i.e., more than one category of personnel were indicated as involved in a given state), school administrators are involved in only half of the states. The next most likely category to be involved is that

TABLE 25

DISTRIBUTION OF STATES INDICATING WHO IS INVOLVED IN PROCEDURES FOR EXCLUSION*

	REGIONS				
WHO IS INVOLVED	WICHE	SREB	EAST	MIDWEST	U.S.
Administrators	6	8	6	7	27
Diagnosticians	3	1	3	3	10
Committee	1	1	2		4
Parents/Guardian	1	1			2
Teacher		1			1
Court	1				1
Exclusion Not Allowed		1		1	2
Other		3	1		4
Not Applicable	1	1			2
No Answer	3	2	1	3	9

*Some states involve more than one category.

of the diagnosticians, including physicians, psychiatrists, and psychologists. Others include committees, parents and guardians, teachers, the courts, and other miscellaneous groups and individuals.

Summary

This survey examined public school programs for the education of emotionally disturbed children in the United States, as seen by the State Director of Special Education or his specialist in this field.

Six terms are currently used to classify emotionally disturbed children: emotionally disturbed; emotionally handicapped, emotionally maladjusted; educationally handicapped; children with emotional conflict; and exceptional children. Prevalence estimates vary from .05% to 15% with most states using a prevalence estimate of 2% for educational planning.

The majority of educational services available to emotionally disturbed children are provided on a permissive basis. The special class appears to be the most often mentioned educational procedure available followed by the resource room and homebound instruction.

Program standards vary, but 10 students per class appears to be the modal class size. About half the states limit the chronological age range in the special class program to three to five years. The standards for other special programs in terms of case load vary considerably. A few states limit the number of years an emotionally disturbed child can be enrolled in a special class program.

Determination of eligibility for placement of a child in a program for emotionally disturbed children appears to be divided evenly between the superintendent of schools or his designee and a committee including teachers, administrators, psychologist, and social worker. In a few cases this responsibility is assigned to a single diagnostician, usually a psychologist or psychiatrist. Psychiatric evaluation is required in only 19 states. Placement of a child in a special program is most often the responsibility of administrators. In about 20% of the states it is a committee decision. The majority of the states follow a specific procedure for determining eligibility and placement. The decision of eligibility and the placing of the child is determined by the same individuals in less than half of the states.

Of the states with special programs, 45% were unable to provide an estimate of the percent of children returned annually to regular education. Of the states providing estimates, the range of percent of children returned from special programs to regular programs ranged from 5% to 90+%. The decision to return a child to regular education is usually the result of a group decision with the teacher as a major person in the group.

In the great majority of states, local school districts bear major responsibility for providing special education services. Various types of cooperative arrangements between school districts are also used.

The two most common reasons for excluding emotionally disturbed children from school attendance were that 1) the child cannot profit from the educational services provided, and 2) that the child's behavior is too disruptive and thus interferes with the educational program for other children. Over a third of the states failed to provide data regarding the basis on which a child may be excluded. Surprisingly, school administrators are involved in the exclusion process in only half the states.

Discussion

Data from the questionnaire, as well as research findings available in the literature, suggest that the key issue in the field of public school services for emotionally disturbed children remains that of definition. It must be reemphasized that no generally acceptable educational definition of emotional disturbance was found either in the literature or in the survey of state directors of special education.

The implications of this central weakness are enormous. To diagnose a child, treat him, and to make decisions as to when he is cured, it is necessary to know what to look for. Vague, descriptive terms are not adequate. The definition must be stated in behavioral terms so the child's actual behavior can be observed and recorded, and the changes brought about by treatment can be measured. Effective research depends on this kind of definition. Those who plan and administer programs and train teachers also need to know what kind of child they are preparing to serve. Prevalance data from various programs, which are essential to effective program planning, cannot be comparable until such a definition is widely accepted.

Related to this problem of definition is the question of goals for programs for emotionally disturbed children. Is the intention merely to serve as a holding operation, is it primarily to improve the child's ability to deal with the academic tasks set for him by the school, or is it the more comprehensive goal of mental health? Programs with different goals will use definitions which suit their goals and will tend to accept children which fit into their programs. Data from the survey suggest that states vary widely in their goals for programs serving the emotionally disturbed.

The issue of the use of normal intelligence as a criteria for being classified as emotionally disturbed is related to the question of goals for emotionally disturbed children in public schools. If academic improvement is foremost, restrictions of this kind would be in order. If a broader set of goals has been accepted, then the fact that emotional disturbance occurs in conjunction with all other handicapping conditions would necessitate the development of interdisciplinary programs.

The use of exclusion as a means of dealing with emotionally disturbed children also relates to the question of the place of the school in treating these children. If the school takes major responsibility for the mental health of the child, then suitable facilities and personnel must be made available in the schools. The long range goal of these public school facilities for emotionally disturbed children would be to eliminate the need for exclusion.

All available information indicates services for emotionally disturbed children are numerically inadequate to meet the needs of children needing such services. Expansion of services should be given priority, but research on program effectiveness is needed to assure the best use of money and effort expended in this area.

The dearth of information concerning the administration of programs for the emotionally disturbed is disquieting. Teachers of the emotionally disturbed, perhaps more than in any other area of teaching, need a great deal of support from co-workers, consultants, and administrators. Supportive interactions need to be built into a program and necessary materials and consultation made available. Administrators need to be sensitive to these special problems.

Until the issues of goals for emotionally disturbed children and the school's place in the treatment of these children have been settled, questions of a widely accepted and acceptable definition of emotional disturbance will probably remain unresolved. However, great progress will be made if existing goals and positions are clearly stated and definitions are stated in behavioral, operational terms. Using these kinds of definitions, comparisons of different programs will be possible and knowledge within the field will grow more rapidly and scientifically.

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APPENDIX A

Institute for Research on Exceptional Children

UNIVERSITY OF ILLINOIS 210 EDUCATION BUILDING · URBANA, ILLINOIS 61801 · AREA CODE: 217, TELEPHONE: 333-0260

January 20, 1970

The field of education for emotionally disturbed children is a relatively new one in most states. The enrollment/prevalence ratio usually represents one of the areas of greatest need for additional staff. Few parameters are known regarding desirable staffing patterns, types of programs, ancillary services needed, and effectiveness of programs.

In addition, there is considerable confusion around "labeling" and classification schemes. Terms commonly employed include behaviorally disturbed, emotionally maladjusted, character disordered, educationally handicapped, and all possible combinations of these terms.

As a service to the field, we are requesting each state director of special education or his staff specialist for programs in emotional disturbance to assist by completing the enclosed questionnaire. Following an analysis of the data, we will provide a report back to each director, as well as a general report to the profession and to the U. S. Office of Education. We hope that this information will be useful to you in comparing your program to those in other states, and that it may also serve to identify similarities and differences so that the programs of the Bureau of Education for the Handicapped, USOE, may be structured so as to provide sufficient latitude to cover the range in the field.

Your cooperation in completing this and returning it before February 15th will be greatly appreciated.

Respectfully,

R. Henderson
Robert Henderson
Chairman, Department
of Special Education

Alfred Hirshoren
Alfred Hirshoren
Research Associate
IREC

Edward Schultz
Edward Schultz
Assistant Professor
of Special Education

EWS:jc
Enc.

National Survey of

PUBLIC SCHOOL SPECIAL EDUCATION PROGRAMS FOR EMOTIONALLY DISTURBED CHILDREN

Please return this questionnaire to:

Institute for Research on Exceptional Children
University of Illinois
210 Education Building
Urbana, Illinois 61801

Thank you in advance for your assistance in this important matter. A response by February 15, 1970, would be appreciated.

PUBLIC SCHOOL SPECIAL EDUCATION PROGRAMS FOR EMOTIONALLY DISTURBED CHILDREN

If printed information concerning programs in this area is available, please enclose it with the questionnaire, and feel free to reference it in lieu of providing answers. In each case where we use the term "emotionally disturbed" please interpret this to mean the term used in your state.

Who in your office has primary responsibility for programs in this area:

Name: ______________________ Title: ______________________

1. How is emotional disturbance defined for public school purposes by state law, rules or regulations?

2. What term is used in your state:

3. What prevalence figure for emotionally disturbed children is used for educational planning purposes and how was it derived? _____%

4. What services are available in your state's public schools for children defined as emotionally disturbed?

Please check one column for each of the following programs:	Required (i.e., mandatory by law or regulation	Authorized or Permitted	Prohibited	Not dealt with in law or regulation
(1) Special class program				
(2) Resource room program				
(3) Crisis intervention				
(4) Itinerant teacher program				
(5) Academic tutoring				
(6) Homebound instruction				
(7) Guidance counselor				
(8) School social worker				
(9) Psychotherapy by school psychologist				
(10) Psychiatric consultation				
(11) Public school transportation to non-school agency: E.g., Mental Health Clinic				
(12) Payment by public school for private school				
(13) Other: ______________ (Please Specify)				

5. If special class programs are authorized in your state, please indicate the standards prescribed by state law or regulation:

(1) maximum number of students per class: __________
(2) maximum chronological age range per service: __________
(3) maximum number of years a child can be enrolled: __________
(4) other: ____
(Please Specify)

6. Please indicate the recommended (or prescribed) caseload for those of the following professionals who work with emotionally disturbed children in the public schools of your state. (Indicate the number of children per full-time professional worker per school year -- or, if another base is used, please specify.)

(1) Resource teacher __________
(2) Crisis intervener __________
(3) Itinerant teacher __________
(4) Homebound tutor __________
(5) School social worker __________
(6) School psychologist __________
(7) School psychiatrist __________
(8) Other: ____
(Please Specify)

7. In regard to diagnosis and placement, according to your state laws or regulations:

(1) Is a psychiatric evaluation required? Yes ___ No ___
(2) Who is responsible for determinining eligibility for special educational services for the emotionally disturbed? ______________________________
(3) Who controls placement of eligible children in specific programs?
____
(4) Is a specific procedure required or recommended for determination of eligibility and placement? Yes ___ No ___ If so, please indicate on the back of this sheet.

8. Since an objective of educational programs for the emotionally disturbed is to return them to the regular program, this becomes a critical factor in evaluation. What procedure is used to determine when a child is ready to leave the special education program and return to regular class?

9. What would be your best estimate of the percent of children in your special education programs for emotionally disturbed who are returned to regular classes during the course of a school year? __________%

10. On what bases may a child in this category be excluded from school, and what procedures are required or recommended?

11. Under what form of administrative organization are most emotionally disturbed children receiving educational services in your state:

(1) Local School Districts____________
(2) Joint Agreement or Cooperative District Organizations____________
(3) Intermediate School Districts at the County or Parish Level____________
(4) Regional Units Organized by the State__________
(5) Direct State control only__________
(6) Other:____
(Please Specify)

12. We plan to pursue additional study of public school programming for emotionally disturbed children at the local district level. In order to facilitate such study, would you please help us by indicating what you would consider to be three quality special education programs for the emotionally disturbed in your state:

Name of District	City
(1)	
(2)	
(3)	

Comments

Person completing this form: ____

Title: ____

APPENDIX B

WICHE

- Alaska
- Arizona
- California
- Colorado
- Hawaii
- Idaho
- Montana
- Nevada
- New Mexico
- Oregon
- Utah
- Washington
- Wyoming

SREB

- Alabama
- Arkansas
- Florida
- Georgia
- Kentucky
- Louisiana
- Maryland
- Mississippi
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia
- West Virginia

EAST

- Connecticut
- Delaware
- District of Columbia
- Maine
- Massachusetts
- New Hampshire
- New Jersey
- New York
- Pennsylvania
- Rhode Island
- Vermont

MIDWEST

- Illinois
- Indiana
- Iowa
- Kansas
- Michigan
- Minnesota
- Missouri
- Nebraska
- North Dakota
- Ohio
- South Dakota
- Wisconsin